

**PUBLIC HEALTH SEATTLE AND KING COUNTY
PRIVATE WELL SOURCE SITE APPLICATION**

Provide the information requested on this form and ***submit 3 copies*** of this application along with current Drinking Water fee.

(<http://www.kingcounty.gov/healthservices/health/ehs/fees.aspx>)

Record ID SR Department Use Only
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Please check the type of inspection requested.

_____ **New Construction Well**

_____ **Replacement Well**

SECTION A: PROPERTY INFORMATION

If there is no address, give an approximate address based on the neighbor's property.

Address of property: _____
Street City Zip

Parcel Number of property on which well is located: _____

Legal Description of property: Section _____ Township _____ Range _____

SECTION B: OWNERSHIP INFORMATION

Owner's name: _____

Address: _____
Street City Zip

Phone : _____ (Home) _____ (Work) _____ (email)

Designer/ Engineer Submitting Request (if different than owner):

Name: _____

Address: _____
Street City Zip

Phone: _____ Email _____

SECTION C: NEW CONSTRUCTION WELL (Must be submitted by on-site sewage system designer of professional engineer) Application to include the following:

- ☐ Critical Area Review (from the applicable jurisdictional authority)
- ☐ Scaled Site Plan (Maximum paper size 11"x 17") - Include 100-foot protective well radius
- ☐ Route Map
- ☐ Cleared and marked trail to the flagged well site.
- ☐ Draft of Well Water Covenant(s)
 - (<http://www.kingcounty.gov/healthservices/health/ehs/water/facts.aspx>)
- ☐ Proof of Lot segregation date if less than 5 acres (Lot Creation prior to May 18, 1972)

NOTE: If the protective well radius is within 10-feet of any lot line, easement line or any source of contamination, the health officer may require the well site to be surveyed.

SECTION D: REPLACEMENT WELL (Must be submitted by on-site sewage system designer of professional engineer) Application to include the following:

- Copy of On-site sewage system record drawing
 - If record drawing is not available, a reconciled record drawing may be required to verify that required setback to well can be met.
- Scaled Site Plan (Maximum paper size 11"x 17") to include;
 - Location of existing well
 - Location of all structures, septic system and components and all other sources of contamination.
- Route Map
- Cleared and marked trail to the flagged well site.
- Draft of Well Water Covenant(s)
 - (<http://www.kingcounty.gov/healthservices/health/ehs/water/facts.aspx>)

NOTE: If the protective well radius is within 10-feet of any lot line, easement line or any source of contamination, the health officer may require the well site to be surveyed.

- **IF THE SITE HAS TO BE REINSPECED DUE TO LACK OF INFORMATION OR INACCURATE DIRECTIONS TO THE SITE, ANOTHER WELL SITE INSPECTION FEE WILL BE REQUIRED.****

MINIMUM 100 FOOT SETBACK DISTANCE FROM THE PROPOSED WELL TO:

Building sewer - (house plumbing stub-out and tightline)
Septic tank - (cesspool, outhouse, etc.)
Sewer Pressure effluent pipes
Sewage drainfield lines
Building sewers
Reserve drainfield areas
Railroad tracks & public power utilities or gas lines
Animal enclosures - (e.g. barns, chicken coops, pig pens, rabbit hutches, dog kennels)
Manure and/or garbage piles
House & garage foundation
Chemical storage areas - (insecticides, herbicides, paint products, fuel products, etc.)
Surface water
Public and private road easements
Underground storage tanks
Sanitary and abandoned land fills (1000 feet)

FOR HEALTH DEPARTMENT USE ONLY:

APPROVED (date): _____ **BY:** _____

DISAPPROVED (date): _____ **BY:** _____

See attached deficiency letter.

Comments: _____

NOTE: Installation of the water system before the plan is approved is prohibited

This application expires two years from the date of approval

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